Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-24-2010</u>	Address:	SR 9 & RIDGE TRAIL AVE
Case #:	<u>22F45681</u>		ALBION, IN.
County:	NOBLE		<u>46701</u>
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (o Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open — No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: TRUCK			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base: TRUCK			
Other (item and location): AMMONIUM NITRATE, TRUCK			
\boxtimes Yes $\underline{2}$ (\square No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrine ☐ Retail/Me	EInformation E/Pseudoephedrine Tracking Logerchant Tip E/BLE CO SHERIFF
This report	t is to be faxed to the following agen	cies that serve the lo	eation:
	ment: ALBION FD	Fax: <u>26</u> 0-63	
Health Department: NOBLE CO		Fax: 260-63	
Child Protec	ction Service: NOBLE CO	Fax: <u>260-63</u>	<u>50-3338</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: ANDREW SMITH Phone 260-432-8661			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.